

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10-580,567*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		8				
10		①				
11		1				
12	1					
13		1				
14		1				
15		1				
16	1					
17		1				
18	1					
19		1				
20		1				
21	1					
22		1				
23	1					
24		1				
25		1				
26	1					
27		1				
28		2				
29		①				
30		③				
31		①				
32	1					
33		1				
34		2				
35		①				
36		①				
37		①				
38	1					
39		1				
40		2				
41		①				
42		③				
43		①				
44						
45						
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48						
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	44	←		←		←
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						